

SECTION A Provider/Program Information

1. County Name: _____

2. Provider ID No.: _____

3. Provider Name: _____

4. Contact Person: _____

5. Telephone No.: (____) _____

6. Reporting Period: ☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

SECTION B Service Populations

Please check all boxes that apply. Asterisks* denote high-risk categories.

☐ (a) Business and Industry

☐ (b) Children of Substance Abusers*

☐ (c) Civic Groups/Coalitions

☐ (d) College Students

☐ (e) Delinquent/Violent Youth*

☐ (f) Economically Disadvantaged*

☐ (g) Elementary School Students

☐ (h) Employee Groups/Unions

☐ (i) Fire Professionals

☐ (j) Gangs

☐ (k) General Population

☐ (l) Government/Elected Officials

☐ (m) Health Professionals

☐ (n) High School Students

☐ (o) HIV Infected Persons

☐ (p) Homeowners Associations

☐ (q) IV Drug Users

☐ (r) Law Enforcement/Military

☐ (s) Lesbian/Gay/Bisexual/Transgender

☐ (t) Local Municipal Agencies

☐ (u) Middle/Jr High School Students

☐ (v) Neighborhood Associations

☐ (w) Older Adults

☐ (x) Parents/Families

☐ (y) People With Mental Health Problems*

☐ (z) Persons Using Substances*

☐ (aa) Persons With Physical Disabilities*

☐ (bb) Physical/Emotional Abuse Victims*

☐ (cc) Pregnant Women/Teens*

☐ (dd) Preschool Students

☐ (ee) Prevention/Treatment Professionals

☐ (ff) Professional/Trade Associations

☐ (gg) Religious Groups

☐ (hh) Retailers

☐ (ii) Runaway/Homeless Youth*

☐ (jj) School Dropouts*

☐ (kk) Social Service Providers

☐ (ll) Teachers/Administrators/Counselors

☐ (mm) Voluntary/Fraternal Community Service

☐ (nn) Women and Children

☐ (oo) Youth/Minors

☐ (pp) Other (specify) _____

SECTION C Service Delivered

Determine the single most appropriate service description for each activity; for each service delivered, complete the entire row. Enter the number of times the service was provided in the "Frequency" column; enter the number of persons served in the "Number Served" column. These entries must be numeric. Enter A or E in the "Actual/Estimated" column. For C2, C3 and C4, enter the demographic breakdown; the "Totals" should match the "Number Served."

C1 Services Requiring Demographics	Frequency	Number Served	A = Actual E = Estimated	C2 Race/Ethnicity									C3 Age									C4 Gender			
				(a) White, Not Hispanic	(b) Asian or Pacific Island.	(c) Hispanic/ Latino	(d) Native Am/ Alaska Native	(e) African American	(f) Multiracial/ Multiethnic	(g) Other	Specify "Other"	Total	(a) Under 5	(b) 5 – 9	(c) 10 – 12	(d) 13 – 15	(e) 16 – 18	(f) 19 – 25	(g) 26 – 55	(h) Over 55	Total	(a) Male	(b) Female	(c) Other	Total
(a) Employee Assistance Programs																									
(b) DUI/DWI/MIP Education Programs																									
(c) Mens Alternative to Violence Programs																									
(d) Prevention Assessment and Referral Services																									
(e) Student Assistance Programs																									
(f) Womens Alternative to Violence Programs																									
(g) Other (specify) _____																									

SECTION D
Where Services Occurred

Please check all that apply.

☐ (a) Alternative Schools

☐ (b) Community At Large

☐ (c) Community Center

☐ (d) County/Provider Office

☐ (e) Criminal Justice System

☐ (f) Faith Center

☐ (g) Health Center/Clinic

☐ (h) Hospital

☐ (i) Parks/Recreation

☐ (j) Public Housing

☐ (k) Residential Treatment

☐ (l) School

☐ (m) Street Outreach

☐ (n) Transitional Housing

☐ (o) Treatment Facility

☐ (p) University/College

☐ (q) Work Place

☐ (r) Youth Clubs/Center

☐ (s) Other (specify) _____